

Which of These 5 Motivators Do YOU Do With Your Speech-Kids?



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We can do GREAT speech and language therapy, but if the child doesn't buy-in, it's mute. We're treading water.

Granted, some kids arrive in therapy motivated (bless them), but when they don't we must inspire and coax them along the path to a positive end-result, i.e. motivate them.

I've experienced low-to-no motivation in my therapy-kids first-hand. Unfortunately, I've had kids that attended therapy for years with no long-term, cumulative progress. Sometimes we refer to them as "lifers." Most of us call it frustration.

We want them to be *successful*. Sometimes we want it more than they do.

Before we delve in, let's clarify terms so we're on the same semantic page.

What's the difference between **motivation** and **reinforcement**? Technically...

To **motivate** is to encourage someone to partake in an activity or to do something *prior to the behavior*.

To **reinforce** is to strengthen a behavior that has already been done to perpetuate it *post behavior*.

In speech-language therapy, however, sometimes the lines are blurred between the three—motivation, reinforcement, and rewards.

We SLPs sometimes say, "To motivate the child to keep saying the target correctly I reinforce the child's speech production by _____, e.g. handing him/her a 'token', making a mark on a page, saying 'Good job', or the child moves the game piece, etc., etc." These types of positive interactions keep the child moving through the moment-to-moment therapy process and provide acceptance or rejection of the productions. It's a form of in-therapy learning and practice.

In addition, tangible rewards (for doing homework, for focusing, for working), typically stickers, charts, trips to the reward-box, etc., are closely aligned with reinforcers, but they are motivators-of-sorts. Most often, however, they are not strong, long-term motivators. The effectiveness of rewards can wear thin over time. I've done them; some kids come to expect them.

To get to the heart of motivation, i.e. to motivate the child to *want* to change his/her speech pattern over the long haul, and to *want* to generalize and/or do his speech homework, we must dig deeper and parse *motivation*.

Most importantly, effective motivation is about **emotions**.

Major product advertisers use emotion to stimulate consumers to buy. Many 10-second commercials bring us to tears, warm our hearts, and tickle our funny bone as we relate to the people and events in the commercial. They ignite our *desire*. They trigger us emotionally to want to purchase their product.

To apply this principle to speech therapy we as therapists have the privileged opportunity to “sell” therapy, so to speak, and for the kids to “buy”; if not, it’s a one-way street.

There’s ***intrinsic motivation*** and ***extrinsic motivation***. Intrinsic motivation motivates from *within*. Ask yourself these questions:

Why am I a speech-language pathologist?

(Possible Answer) Because I want to help kids communicate more effectively and it makes me feel good when they improve and their life is enhanced (intrinsic).

Why do I go to work every day?

(Possible Answers) Because I enjoy making a contribution in other’s lives (intrinsic). To get a paycheck (extrinsic).

Most of the time we do things because of *intrinsic* motivators, *not* extrinsic motivators. SO DO OUR THERAPY-KIDS. The strongest motivator for our kids is when...

The child discerns and acknowledges his/her own progress.

In other words, *when they improve!* It’s even more beneficial when the child discovers his/her own progress. Ask him/her and encourage him/her to tell you and show you.

When I arrived as a new SLP at Mariana Elementary School, none of the speech-children had ever been asked to do speech-language homework; nothing was required outside of therapy. When asked to do speech homework, mutiny erupted. They balked and said, “Mrs. Jones didn’t make us do homework last year!”

After two months of “strong motivation effort” on my part, they began to do their speech homework. They began to improve and they sensed the *benefit*. Several children said, “Now I understand why you want us to do the speech homework—you care about us, and we’re getting better.” They continued to do their speech homework, improved, and many were dismissed that year.

Our therapy must cross the abyss between the therapist and the child. It must absorb into the child, and persuade him/her to comply and do it, and keep doing it. The “it” can be the skills, and the content and concepts learned during the therapy session and the desire to generalize outside the therapy room. Or, the “it” can be follow-through on homework compliance.

Following are five methods to motivate your therapy-kids. Which ones do you already do? Which ones do you plan to incorporate into your therapy routine? These strategies have worked through the years for me; I hope they work for you, too.

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1. Leverage Videos & Audios and Leverage Questions

In brief, “leverage” is emotional buy-in. A child can be leveraged either individually or in a small group, depending on his/her personality and verbal skills. Modify the leverage tasks according to age, cognition, and needs.

Leverage Videos and Audios (i.e. Self-Discovery via Recordings)

No doubt, you’re already doing audio and/or video recording of your kids (with school/parent/caregiver approval, of course), and archiving the baseline results for future reference and comparison as their speech-language improves. Recordings are handy to play at parent/teacher/caregiver meetings. There’s an alternative way to use your recordings.

Here’s the ‘leverage’ use:

Do a one to two-minute audio or video (preferred) of your speech-child during conversational speaking with either you, or a friend, that has good speech (for comparison). Play it back once and let him/her listen and observe. Play it back again and ask general questions: “What do you see?” “What do you hear?” or “How does it/you sound to you?” Gently guide him/her toward, “*This is how others hear you.*” Discuss his/her speech not in a demeaning way, of course, but in a way to guide him/her to *self-discovery of the speech differences*.

If they are unable to discern the differences, tactfully bring them to their attention, “What did you say there? I had a hard time understanding that.” This activity is not meant to criticize or to be hurtful, just informative. Go easy and let them see, hear, interpret and internalize.

In essence, the objectives are:

- To reflect to the child how others see and hear him/her.
- To discover and realize how their speech can spoil their communication.
- To facilitate a desire within him/her to change and improve their communication, and
- That together you both can accomplish the change—you are there for him/her. It’s a team effort. Others have had the same problem and they accomplished the change, and their life is happier for it.

Leverage Questions (Appropriate for Cognitively Aware 7+ Year Old Children/Teens)

Leverage questions directly address the child’s communication issues. They provide a major dose of “relevancy,” i.e., “Why am I in speech?” Present the questions by themselves, or in conjunction with the audio and/or video activity. Be kind; be interested. Demonstrate interest with your body language, facial expressions, eye contact, and considerate verbal expression.

Ask the following questions, pause; let him/her think and answer. Take your time. Do not verbally judge their answers. For some kids that need to be encouraged to answer, pose with pen in hand indicating you expect for him/her to share and you’re waiting to write the answer.

In what ways does your speech problem affect your life (in class, on the playground, at home?) Potential answers: It makes me feel bad; I don’t like to talk in ____; I don’t raise my hand; I hate it when the teacher calls on me; I don’t like to read out loud; I hate it when people ask me to say it again; I feel stupid, etc. Here are follow-up questions for the child that answers with, “No.” “Have you ever had someone ask you to repeat what you said?” “Have you ever avoided saying certain words that have that hard sound in them?”

What will happen and how will you feel, if you do not change your speech? Potential responses: Really bad; I won't like myself; like I failed; angry; frustrated I won't be able to be a singer or a teacher or _____, etc.

What will happen and how will you feel, when you do change your speech? Potential responses: Really good; People will be able to understand me; I won't mind talking in class; I can make friends; I'll feel super good about myself; etc.

What would you like to see happen differently with your speech? Potential Responses: Get better; I'd like to sound like everybody else so they wouldn't pick on me; My mouth needs to learn to say the right sounds, etc.

Is there anything keeping you from doing that? Potential Responses: I don't know how to make the right sound; When I try, it doesn't come out right, I don't have time to practice, I don't have help, etc.

The type and extent of the questions you ask will vary from person to person, as will the depth of their answers. There are no totally right or wrong answers; there are only answers that reflect the child's observations and feelings, and what they are willing to share.

Emphasize the "positive" question (the third one): How will his/her life improve, get better, be easier? What negative experiences will go away? "How does/will that make you feel?" Sneak in a preview of the warm feelings of accomplishment. Be sure to inform him/her that once their goal is accomplished, their *communication skills will improve*—and the benefits are *forever*.

Many children relish the opportunity to air their feelings to someone who understands. Some children, however, may show indications of feeling "bad" and others may express little-to-no concern. Some will be unsure about their speech differences and the negative influences and consequences. Don't be daunted; be patient, ask simple, direct questions and help them unravel their feelings. Project that you fully expect them to provide an answer. If they say they don't know, give them two or three options to choose from.

2. Expect Consistent Improvement

I imagine you are already emphasizing this with your data keeping. There are a couple other things I'd like to add.

- Let them know that changing and improving their speech and language is not immediate. It doesn't happen quickly; it improves over time. You may want to share an example, such as, writing. "Remember when you were really little and you tried to write letters? It was fun, but it was hard. It's hard for everyone when they first start. You stayed with it, and kept practicing it, and now printing/writing is easy." Or use the example of going from printing to cursive, or playing a particular sport. Etc.
- You may also want to share the "steps" within the process of achieving good speech-language skills. Again, emphasize that the process happens over time.
- This suggestion corresponds with the homework piece. Toward the beginning of the therapy session, you may want to say something like this: "What can you do now, that you couldn't do last time?" In other words, "YOU show me and tell me how you have improved." For some, you will have to guide them to their improvements. Self-discovery and acknowledge of one's own improvement builds self-esteem. They'll feel good about themselves, and want to do more. Eventually older children will learn that you ask that question every time and they need to be prepared to answer it.

3. Use Encouragement Words (This May or May Not Be What You Think!)

In therapy, we constantly interact with our kids, verbally directing them and verbally reinforcing them. Amidst all of the therapy, we offer words of support. Within the category of “support words” there are two distinct types of words: *Praise* words, and *Encouragement* words.

Both types are needed, both are appropriate, and I, too, use both in my therapy. I try, however, to use more *Encouragement* words than *Praise* words. Using Encouragement words takes deliberate thinking, focusing, and formulating on our part. It takes practice, but it’s worth it.

Here are the basic differences:

Praise words:

- Discuss results: “Great work on your homework—you did them all correctly!”
- Use opinion words: Such as “Good;” “Good job;” “Great;” “Terrific;” “Wonderful.”
- Praise words are typically used when the child performed *as you hoped or expected* he/she would.

Encouragement words:

- Notices effort and progress: “Look in the mirror—I can tell your tongue is working hard to do that!” “I can see you’re thinking and focusing on your mouth.”
- Uses descriptive words: “Your /r/ sounds like your tongue is anchored in the right place and is tight—excellent!”
- Is given regardless of the child’s performance: “That didn’t come out the way to wanted it to, did it? What do you think you need to do differently?”

The most important difference between Praise words and Encouragement words is: **Praise words lead the child to rely on your assessment of their accomplishments, and Encouragement words lead the child to form his/her own assessment of him/herself.**

Encouragement words begin the process of the child learning to self-monitor his oral movements/sound productions for speech production.

In addition, when our kids are given the chance to express their observations and opinions it shows that you value them and what they have to say. It’s empowering.

4. Set a Prospective Graduation Date

Setting a prospective “graduation date” is for the child you believe is capable of completing therapy within a specified length of time. It’s rather like setting the due-date of a term paper. It lets them know:

- He/she has ___ number of months to do all the assignments.
- There is an “end” to therapy (therapy does not go on forever).
- He/she will have to pace him/herself, over time. (Every third session, or so, bring out a calendar and show him/her how many months and weeks he/she has left.

Let him/her know what it means to “graduate.” It means there will be a party because he/she did all the work and is able to produce the speech sound(s). Meaning: “You are able to say your target sound(s) in conversation as well as all the other sounds that you can already say.”

You and the child choose a graduation date. Choose a date you both think allows ample time to do all of the activities to correct his/her speech or language target.

As the date draws near, if the graduation date needs to be adjusted, consult with the child and see what they think. You both decide how much additional time is needed to complete and generalize their speech; come up with a new date.

For the child that expects immediate improvement, the graduation date emphasizes the “change process” that happens over time. Nothing is immediate.

Keep them involved; allow them ownership and self-responsibility. “You are in-charge of your mouth--what you say and how you say it.”

5. Encourage the Child to Attend the Eligibility/IEP/RTI Meetings

And last, but not least, if you’re not doing this already, and your district is cool with it, include the child in the meetings. Personally, I think a child working on his/her articulation/phonological skills should be at the meetings. I’m not convinced that meeting attendance is appropriate for every language-disordered child, however. Obviously, it depends on who will be in attendance and the type and extent of the information to be shared.

At the initial meeting, I want the child to know:

- “All of us here at this meeting are here for you”—your parent(s)/caregiver(s), your teacher(s), your principal (or representative), etc.
- “This is a legal meeting with legal documents.” Be sure the child signs, as well. Emphasize the treatment plan, including number of days, etc., and that his consistent attendance is mandatory. It’s specified in the legal document.

Lay out expectations for the child:

- “You will attend _____ (the specific days/times) in the speech room.
- “There may be other children there, as well.”
- “We have fun there, but most importantly for you, we work on your speech.”
- “Depending on what we are doing, you may receive extra speech practice to do outside of our time together.”
- “You’ll get these things to help you: _____.” You may want to have examples to show the child/parent/caregiver, e.g., a speech folder, assignment sheet, word lists, therapy tools, etc.
- “If you are asked to do speech homework, I do expect you to practice. You’ll improve much better and faster when you do extra practice.
- Every time you attend I’ll ask you “What can you do now that you couldn’t do last time.”
- Encourage “Teamwork.” Create a personalized “Teamwork Letter” for the parent(s) or caregiver(s). (See sample letter on the next page.)
During the meeting slide it over to them and read the contents with them. Why? Because we sometimes ask parents to support speech homework and we assume they know what to do. Sometimes they do, sometimes they don’t. This page details your expectations.

(The following page is a Sample Teamwork Letter—feel free to modify and personalize)



Date:

Dear (Parents/Guardians/Grandparents)

Re: (Child's Name)

I am delighted to be working with your child. Speech improvement is an ongoing process, and takes consistent practice over time.

Your child will be assigned specific, personally designed activities to do at home. You are an important member of the team.

How can you help? Here are specific things you can do to support your child:

1. Ask, "What speech homework do you have?"
2. Be interested and express the importance of the activities.
3. "Show me how to do the activities." Your child learned how to do the tasks in speech therapy, and will be excited to show you. If need be, carefully go over the assignment again.
4. Set up a specific time each day to do the speech homework. It can be done at the time as other school homework tasks.
5. Provide a quiet place for them to practice. (If the back-seat of the car is the only place and time you have, then use it.)
6. Provide a mirror.
7. Take notice of even small amounts of improvement.
8. Be patient, say "Do the best you can."
9. Ask your child, "How are you improving and getting better?"

It generally does not take long to notice improvement—small increments of improvement add up!

Also, if therapy tools are sent home, please make sure your child uses them strictly for the exercises—they are not toys.

I appreciate your help and attention--and so does your child!

Sincerely,

Speech-Language Pathologist

The amount of daily-time to be spent on speech homework: _____.